



## Individual Complaint Form

Date: February 16, 2015

Print

### Complainant or Legal Representative Information: \* Required Fields

Name \* Robert S. Dull

Firm (if applicable) \_\_\_\_\_

Mailing Address \* 416 Water Garden Court

City, State Zip \* Irmo SC 29063 Phone \* 803 661 9782

E-mail \* sbndull@aol.com

Name of Utility Involved in Complaint: \* Utilities, Inc. (Carolina Water Service)

NOTE: If AT&T is the utility involved, please complete the attachment located at the end of this form.

### Type of Complaint (check appropriate box below): \*

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Billing Error/Adjustments   | <input type="checkbox"/> Deposits and Credit Establishment | <input type="checkbox"/> Wrong Rate    | <input type="checkbox"/> Refusal to Connect Service |
| <input type="checkbox"/> Disconnection of Service  | <input type="checkbox"/> Payment Arrangements              | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Line Extension Issue       |
| <input type="checkbox"/> Service Issue   | <input type="checkbox"/> Meter Issue                       |  |   |
| <input checked="" type="checkbox"/> Other (be specific) <u>significant 50% increase in monthly fee</u> |  |  |   |

Have you contacted the Office of Regulatory Staff (ORS)? \* ☒ Yes ☐ No

Name of ORS Contact: Brad Kirby

### Concise Statement of Facts/Complaint: \* (This section must be completed. Attach additional information to this page if necessary.)

The February statement from Utilities, Inc., increase without notice approximately 50%. Also, the easements and right of ways for Utilities, Inc., need to be cleared of trees and undergrowth.

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CLERK'S OFFICE

### Relief Requested: \* (This section must be completed. Attach additional information to this page if necessary.)

This increase should be suspended until proper notification is provided to consumer. The easements and right of ways be cleared.

\*\*I GIVE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA PERMISSION TO PUBLISH THIS COMPLAINT AND ITS CONTENTS ON THE COMMISSION'S WEBSITE (dms.psc.sc.gov) AND I UNDERSTAND SUCH INFORMATION MAY BE SUBJECT TO PUBLIC SCRUTINY OR FURTHER RELEASE. ☒ Yes ☐ No

Complainant's Signature \* (MUST BE SIGNED, DO NOT PRINT)

STATE OF SOUTH CAROLINA )  
COUNTY OF Richland )

### VERIFICATION

I, Robert S. Dull  
Complainant's Name \*

verify that I have read my complaint filed on 2-17-2015  
Date \*

and know the contents thereof, and that said contents are true.

Complainant's Signature \* (MUST BE SIGNED, DO NOT PRINT)

Internal Use Only

Processed By	Date
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